MEDI-CAL UPDATE

Outpatient Services
Bulletin 348

Billing and Policy
Adult Day Health Care Centers Bulletin 348 October 2003

Contents

Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update *may not always contain a "Billing and Policy" section.*

HIPAA: Billing Example Updates

The September *Medi-Cal Update* included updates to your provider manual as a result of the first phase of Health Insurance Portability and Accountability Act (HIPAA) implementation. Updates to the manual are continuing this month with billing examples that conform to HIPAA standards. Billing example updates will continue over the next several months. Please refer to the new billing examples when submitting claims for dates of service on or after September 22, 2003.

Important: When you update your manual, please retain the pages you remove. Place them after the *Appendix* tab at the back of your manual. These pages will help you bill for services that you rendered prior to September 22, 2003.

These updates are reflected on provider manual replacement pages share op 3 thru 6 (Part 2).

Facility Type Update

Place of Service codes were converted to national facility type codes during the September 2003 initial phase of Health Insurance Portability and Accountability Act (HIPAA) implementation. For dates of service on or after September 22, 2003, Adult Day Health Care (ADHC) providers must enter facility type code "89" (special facility – other) as the first two digits in the *Type of Bill* field (Box 4). The third digit in the *Type of Bill* field is a frequency code. For original ADHC claims, the frequency code is "1." Enter the type of bill code as "891" for original claims.

This policy applies to paper and ASC X12N 837 Version 4010A1 Institutional format billers only. Providers who submit claims using the Medi-Cal propriety/non-standard Computer Media Claims (CMC) formats, should continue to bill the one-digit Place of Service code "9" (clinic).

Note: Type of bill codes are defined by the National Uniform Billing Committee (NUBC). Instructions for developing type of bill codes are found in the *National Uniform Billing Data Element Specifications* manual. Refer to **www.nubc.org** to order the manual.

The second page of the *Code Correlation Chart* at the end of the *UB-92 Completion: Outpatient Services* section is updated to reflect this change. *This information also is reflected on manual replacement pages adu 5 (Part 2) and adu ex 2 and 3 (Part 2).*

RHC, FQHC, IHS and L.A. Waiver Clinics: Dental Services Update

Effective immediately, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Indian Health Services (IHS) clinics and Los Angeles (L.A.) Waiver clinics must enter the word "pregnancy" in the *Remarks* area of the claim when billing all-inclusive per-visit code "03" for dental services rendered to a pregnant recipient eligible under aid code 44, 48, 58 or 5F. The claim must also indicate pregnancy as the primary diagnosis. *This information is reflected on manual replacement pages ihs moa cd 1 (Part 2) and rural cd 1 (Part 2).*

Instructions for Manual Replacement Pages
Adult Day Health Care Centers (ADU) Bulletin 348 October 2003

Part 2

Remove and replace:	adu 5 adu ex 1 thru 3 ihs moa cd 1/2 rural cd 1/2 share op 3 thru 6 tar comp 9/10 *
Remove and replace at end of *UB-92 Completion: Outpatient Services* section:	*Code Correlation Guide* 1 thru 3 *

* Pages updated due to ongoing manual updates